MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02477

2490

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X St. Leonards
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS OO

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Leonards X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ellsworth (Middle) Beverly (Last)

4. DATE OF DEATH: (Month) Mar. (Day) 8, (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S

8. DATE OF BIRTH: Apr. 2 1886

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months 11 Days 6 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elbert Beverly

14. MOTHER'S MAIDEN NAME: Laura Cochrane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Rosa E. Smith - St. Leonards, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Acute coronary thrombosis

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 .. , to 3-8 55, 19 .. , that I last saw the deceased alive on ..... , 19 .. , and that death occurred at M, from the causes and on the date stated above.

SIGNATURE [signature] M. D.

ADDRESS St Leonard

DATE SIGNED 3/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Mar. 11, 1955

NAME OF CEMETERY OR CREMATORY Waters Memorial

LOCATION (City, town, or county) (State) Upland Creek, Md

DATE REC'D BY LOCAL REGISTRAR 3-10-55

REGISTRAR'S SIGNATURE N W Ward

24. FUNERAL DIRECTOR C. A. Hutchens & Son

ADDRESS Mutual, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02478

2491 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Prince Frederick
LENGTH OF STAY (in this place) 1 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Broomes Island X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) (Last) Dalrymple

4. DATE OF DEATH: (Month) May (Day) 31, (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced | 8. DATE OF BIRTH: Apr. 19, 1887 | 9. AGE last birthday 67 yrs. | IF UNDER 1 YEAR: Months 11 Days 12 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Opera Singer | 10B. KIND OF BUSINESS OR INDUSTRY: Singer | 11. BIRTHPLACE (State or foreign country): Port Jarvis N.Y. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Cuddeback | 14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 157-09-8834 | 17. INFORMANT & ADDRESS: Charles E. Bird - Broomes Island, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis
ANTECEDENT CAUSE (S): DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) — DUE TO
(C) Chronic nephritis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 ..... 19.5, to 3/31 19 55, that I last saw the deceased alive on ....., 19...., and that death occurred at M, from the causes and on the date stated above.
SIGNATURE R. W. Williams M. D. ADDRESS 8 P Prince DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Apr. 4, 1955 | NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery | LOCATION (City, town, or county) (State) P. Frederick, Md

DATE REC'D BY LOCAL REGISTRAR 4-4-55 | REGISTRAR'S SIGNATURE H. W. Ward | 24. FUNERAL DIRECTOR ADDRESS A. A. Harkness & Son - Mutual, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02479

2492

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (In this place) 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS 64 Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lusby
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) F. (Last) Fuller

4. DATE OF DEATH: (Month) (Day) (Year) Mar. 30, 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S

8. DATE OF BIRTH: Jan. 9, 1885

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): West Point, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Colonel Ezra Bond Fuller

14. MOTHER'S MAIDEN NAME: Georgetta Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 513-07-1128

17. INFORMANT & ADDRESS: Col. C. J. Wilder - Lusby, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
157X IMMEDIATE CAUSE	(A)	Carcinoma of Pancreas	4 months
ANTECEDENT CAUSE (S)	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO		
	(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1955, to March 30, 1955; that I last saw the deceased alive on March 30 1955, and that death occurred at 9:15 P M. from the causes and on the date stated above.

SIGNATURE Page Pratt M. D. ADDRESS Prince Frederick DATE SIGNED 4/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF April 1 1955 | NAME OF CEMETERY OR CREMATORY Christ Church Cem. | LOCATION (City, town, or county) (State) Port Republic, Md

DATE REC'D BY LOCAL REGISTRAR 4-1-55 | REGISTRAR'S SIGNATURE A. W. Ward

24. FUNERAL DIRECTOR ADDRESS C. A. Harkness & Son - Huntingtown, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2493

CERTIFICATE OF DEATH

Reg. Dist. No. 02480 57

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Barstow
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Barstow. X
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) J. (Last) Gott

4. DATE OF DEATH: (Month) (Day) (Year) Mar. 25, 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Feb. 22, 1880
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months 1 Days 3 IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Calvert County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Uriah Buckler
14. MOTHER'S MAIDEN NAME: Henrietta Monnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Clarence M. Gott - Barstow, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Cart crossing Abdomen — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertension C.V.D.

DUE TO (C) Severely intermediate

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/25/55, to 3/20/55, that I last saw the deceased alive on 3-25-55, and that death occurred at 1:30 M, from the causes and on the date stated above.
SIGNATURE R. W. Ward M. D. ADDRESS St Leonard DATE SIGNED 3/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Mar. 27, 1955
NAME OF CEMETERY OR CREMATORY Wesley Cemetery
LOCATION (City, town, or county) (State) Prince Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR 3/26/55
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR C. A. Harbaugh & Son
ADDRESS Mutual, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0)2481

2494

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Pa Frederick
LENGTH OF STAY (in this place) 15 1/2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sunderland X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Carl (Middle) (Last) Holland

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 25, 1929

9. AGE last birthday 25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sunderland, MD

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Holland

14. MOTHER'S MAIDEN NAME: Lola Emerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Lola Wills - Sunderland, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

919.6
IMMEDIATE CAUSE (A) Cerebral Hemorrhage
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bullet wound of head

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Right Hand Side

21C. WHERE DID INJURY OCCUR? (City or town) Huntington (County) (State) Md

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3 20 55 9:30 PM

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? Shot by a pistol

22. I hereby certify that I attended the deceased from ..... , 19.. , to ..... , 19.. , that I last saw the deceased alive on ..... , 19.. and that death occurred at 3:35 P.M. from the causes and on the date stated above.

SIGNATURE H.W. Ward Jr. M.D. ADDRESS Owings Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial

DATE THEREOF 3-24-55

NAME OF CEMETERY OR CREMATORY Mt. Hope

LOCATION (City, town, or county) (State) Sunderland, Md

DATE REC'D BY LOCAL REGISTRAR 3-22-55

REGISTRAR'S SIGNATURE A.W. Ward

24. FUNERAL DIRECTOR ADDRESS P.E. Sewell Prince Frederick Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02482

2495 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X St. Leonards
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS OO —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Leonards X
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) — (Last) Parran

4. DATE OF DEATH: (Month) Mar. (Day) 29, (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: Feb. 12, 1860

9. AGE last birthday 95 yrs. IF UNDER 1 YEAR: Months 1 Days 17 IF UNDER 24 HRS.: Hours — Mln. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ex-Congressman.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Parran

14. MOTHER'S MAIDEN NAME: Mary Ernestine Sollers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Madeline Parran - St. Leonards, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

610X IMMEDIATE CAUSE (A) Uremia

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Prostatic recurrent growth (not malignant)

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1955, to March 29 1955 that I last saw the deceased alive on March 29, 1955, and that death occurred at 7 P M, from the causes and on the date stated above.

SIGNATURE Paul Dett M. D. ADDRESS Grace Frederick DATE SIGNED 3/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Apr. 2, 1955 — NAME OF CEMETERY OR CREMATORY Christ Church Cem. — LOCATION (City, town, or county) Port Republic (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4-1-55 — REGISTRAR'S SIGNATURE A W. Ward

24. FUNERAL DIRECTOR C. A. Harkness & Son — ADDRESS Mutual, Md.

MARYLAND 2496

02483

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH · COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barstow — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barstow Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) (Last) Smith.

4. DATE OF DEATH (Month) 3, (Day) 3, (Year) 1955

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH [illegible]7

9. AGE last birthday 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Geo. Kelly

14. MOTHER'S MAIDEN NAME not known.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Beatrice Smith, Pr. Fred, md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 442X (a) Hypertensive Cardiovascular disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/ 1947, to 3/3 1955, that I last saw the deceased alive on 3/6 1955, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) M.D. ADDRESS Hunkytown Md DATE SIGNED 3/4/55

23. BURIAL CREMATION REMOVAL (Specify) | DATE 3-6-55 | NAME OF CEMETERY OR CREMATORY Browns | LOCATION (City, town, or county) Port Republic (State) md

DATE REC'D BY LOCAL REG. 3/4/55 | REGISTRAR'S SIGNATURE H.W. Wood | 24. FUNERAL DIRECTOR AND ADDRESS P.E. Sewell. Pr. Fred, Md

MARGIN RESERVED FOR BINDING

02484

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 52

2497

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Plum Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Calv.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Plum Point
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Geo. (Middle) Benj. (Last) Starkey

4. DATE OF DEATH: (Month) 3 (Day) 22 (Year) 1955

5. SEX: M **6. COLOR OR RACE:** W **7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) M **8. DATE OF BIRTH:** (Year) 1891 **9. AGE** last birthday: 64 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer **10b. KIND OF BUSINESS OR INDUSTRY:** Farming **11. BIRTHPLACE** (State or foreign country): Pennsylvania **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME: George Benjamin Starkey Sr. **14. MOTHER'S MAIDEN NAME:** — Koch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **16. SOCIAL SECURITY No.:** 180-09-3449 **17. INFORMANT & ADDRESS:** Mayret Harrod Plum Point md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Died sitty up in Chair

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 3/22/55

23. BURIAL, CREMATION, REMOVAL (Specify) Removal **DATE THEREOF** 3/23/55 **NAME OF CEMETERY OR CREMATORY** New Cemetery **LOCATION** (City, town, or county) (State) Mahanoy City, Pa.

DATE REC'D BY LOCAL REGISTRAR Mar. 23, 1955 **REGISTRAR'S SIGNATURE** Grace L. Kutchins **24. FUNERAL DIRECTOR** Wm H. Kutchins **ADDRESS** Owings, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15